PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Application or Docket Number 60678769					
CLAIMS AS FILED - PART I									SMALL		"	OTHER THAN		
(Column 1) (Column 2)								TYPE			OR	SMALL		
TOTAL CLAIMS			10			•			RATE		FEE]	RATE	FEE
FOR			NUMBER	NUME	NUMBER EXTRA			BASIC FEE		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			-200 minus 20=		. 0			X\$ 9≖			OR	X\$18=		
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P			minus 3 = C			2			X43=			OR	X86=	
M	LTIPLE DEPE	NUENT CLAIM P				<u> </u>			+145	=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	270		
3-/6-03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER SMALL	• •		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRE	SENT TRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 20	Minus	- 6	20	= -			X\$ 9:			OR	X\$48=	_
ME	Independent	. ع	Minus	***	3	-			X43=			OR	200 X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ᅥ			360	
		•						l	+145=			OR	+290=	,
								,	ADDIT. FI			OR	ADDIT. FEE	
		(Column 1)	1	(Colun		(Colu	mn 3)							
NDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER		SENT TRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=			X\$ 9=	-		OR	X\$18=	
AME	Independent	•	Minus	***		=		l	X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\Box			┪		On		
						•		L	+145=			OR	+290=	
								A	TOTA DDIT. FE			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Colu	mn 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER JUSLY	PRES EXT			RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		-	.]		X\$ 9=			OR	X\$18=	
	Independent	•	Minus	***		=		ŀ	X43=	+			X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	V49=	+		OR	∧00≡	
+145=												OR	+290=	
(* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												TOTAL ADDIT. FEE	
	The "Highest Num	ber Previously Pal	d For (Total o	r Independe	ent) is the	highes	number	r four	nd in the	арр	ropriate box	in cot	umn 1.	

FORM PTO-875 (Rev. 10/03)

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